





Helping America Decide

Audio	Visual
<p>Introduction with Music</p> <p>Male: Although I'm 84 now, I expect to make 100.</p> <p>Female: You're living on fixed incomes. You want to get the most for your money.</p> <p>Female: All my questions were answered.</p>	
<p>Opening of Show</p> <p>Host: Stan Stovall</p> <p>Hello, everybody. I'm Stan Stovall. Welcome to your Centers for Medicare and Medicaid Services and to volume 2, issue one of "Medicare Covers America."</p> <p>"Medicare Covers America" is a video magazine produced for communities who care about people with Medicare. Every other month, we join you from the Centers for Medicare and Medicaid Services to talk about a different part of our plan to improve and modernize Medicare. While each issue will have a different cover story, every issue will really be about the same things—helping you stay healthy, save money, and help others.</p> <p>This month, on "Medicare Covers America," our cover story is "Helping America Decide."</p> <p>While 21 million people with Medicare are already saving with prescription drug coverage, millions more still haven't made up their minds about what they're looking for in a prescription drug plan. If that describes you or someone you know, you'll want to meet our guests, volunteers from a Maryland SHIP, and learn what they decided while they were helping their community decide about Medicare prescription drug coverage.</p>	  

And then we'll visit an adult day program serving the Hispanic community in Elizabeth, New Jersey, when we spend a day on the road with Health and Human Services Secretary Mike Leavitt.

If you are someone who is trying to help someone with Medicare to find a plan to meet their needs, you may want to find out how some of the people who work for the Centers for Medicare and Medicaid services help their relatives.

And then we'll talk via satellite with CMS Administrator Dr. Mark McClellan, who answers some questions that matter to people with Medicare. Now, before we visit New Jersey with Mike Leavitt, let's visit the Fact File.



Fact File:

When you listen to some Medicare experts, you may hear them use the term "beneficiary." What does that mean? When most of us hear the word "beneficiary," we think of someone who is named in a will or who collects on an insurance policy. When the Medicare law was written 40 years ago, the drafters used the term to refer to anyone who was entitled to Medicare benefits. It really means everyone who has Medicare, whether they are entitled based on their age or their disability status.



Stovall:

Last year, if you wanted to meet with Health and Human Services Secretary Mike Leavitt or Medicare Administrator Mark McClellan or his deputy Leslie Norwalk, you might have had to meet them someplace other than Washington, D.C. The three of them spent a total of 65 days on the road and visited 97 communities in 42 states and the District of Columbia, educating people who care about Medicare about the new prescription drug benefit.



Recently, Mike Leavitt got to visit Home Sweet Home, but he didn't have to go back home to Utah to do it.

Secretary Mike Leavitt:

"Where else would you want to come but Home Sweet Home on a day like today?

Well, today I want to tell you just a few of the basics, and then I'm going to be able to answer some of your questions. And when we're done, you probably will still have some questions, and I'm going to introduce you to some counselors, who are here to help you, because you'll need to make a choice of which plan you want, and they'll help you make that decision. So let's go through the basics."

Female:

"And at this time, we have pharmacy students from the University of the Sciences and Rutgers University available at the tables behind me. They will sit down and chat with you about where you stand on Medicare enrollment, and they'd be happy to help you answer all of your questions and start you in the enrollment process.

Leavitt:

Medicare has been part of our lives for 40 years. Medicare has been paying for people who had a heart ailment, sometimes \$100,000 or \$200,000 for a heart operation, but we haven't been willing or able to pay \$1,000 for prescription drugs that would prevent the heart attack.

We never know about tomorrow. This is an insurance product. It's the reason we buy insurance--to assure that if there's something seriously wrong, where we have to buy prescription drugs that could be a catastrophe for us financially that we have that worry that has been so prevalent in the lives of many that their savings could be eroded, taken away. One thing I hope doesn't ever happen, and that is that someone 2 or 3 years from now looks back and said, "I should have signed up, and I didn't."



Leavitt:

We want to encourage people to use generic medicines. It's just as good a medicine, but it costs less.

[Male speaking Spanish]

[Female speaking Spanish]

Leavitt: That's right. Mm-hmm. Medicine.

Female voice: Thank you.

Leavitt: You're welcome.

Female: Thank you. Thank you.

Female voice: Let me get the lipstick off your face.



Female:

The experience that I have today, I think it's a great one because there were some doubts, and I wasn't clear for me about all these things about the plans, the new medication plan. But today, all my questions were answered.

Leavitt:

Thank you. Great.

Thank you.

Ah, thank you very much.

Thanks. Thank you.



Leavitt:

Where else would you want to come but Home Sweet Home on a day like today?



Stovall:

A lot of people don't realize that the reason our SHIP volunteers are so helpful is that many of them are also entitled to Medicare and face the very same issues that face the people they are helping. Today we're very lucky to have with us 2 local volunteers who want to share their experiences with you.

On my immediate right, meet Ann Shanahan. Now, Ann is retired and has Medicare as her primary insurance. Ann has selected a Medicare Advantage plan that includes a drug benefit while she has been helping others to find a plan that meets their needs. Ann is a new SHIP volunteer.

Also with us today is Gale Rutherford. Gale's mother is still shopping for a plan, and Gale has been working to help her find a plan that meets her needs while helping others as a SHIP volunteer. And Gale has been a SHIP volunteer for 2 years now.

Before we talk with Ann and Gale, let's meet Don Huan, Sr. Don is also a SHIP volunteer, and he is entitled to Medicare, but Don couldn't be with us today in the studio, so we went to him. Let's listen as he tells us what he has to say about Medicare prescription drug coverage, and then we'll follow up with Ann and Gale.



Don Huan:

A drug plan's important to me because, although I'm 84 now, I expect to make 100, I'm hoping. Well, right now, my prescriptions cost me between \$350 to \$400 a month.

In the past, my wife had a prescription drug plan with her retirement benefits from the state of Maryland, and we bought our drugs through that prescription. I was on her policy, and we bought our drugs that way. But when she died in June of '03, I lost that coverage, and since then, I've paid for them out of my pocket.

When I was looking for a drug plan, first and foremost, I wanted to be sure that my drugs were in the



formulary and would be covered. And after I had the drugs I currently need, then I looked for cost and convenience and the peace of mind and knowing that if I had new drugs prescribed, they would be available to me.

I have a card that says that I am enrolled as of January the 1st as the effective date, and I, on the third of January, I mailed 3 prescriptions in to the mail-order house. I recommend that they take the cheapest plan available. There's one for \$6.44 a month, and that's less than \$80 a year, and that's good coverage. People think nothing of paying \$1,000 to insure their automobile, and there they're protecting the other guy. So everybody ought to be willing to pay \$80 a year to protect themselves.



Stovall:

Now Ann, like Don, you've already picked a plan and signed up in December.

First question--right out of the gate--what were you looking for in a prescription drug plan, and what was it about the plan that you selected that you liked?

Ann Shanahan:

I was looking to make sure that my drugs were covered, my husband's drugs were covered, the convenience of local pharmacies, and the bottom-line cost.

Gale Rutherford:

You have to look at the whole picture, because... Just because one plan might have a lower premium, it might not be covering what you need.



Shanahan:

With the Advantage plan, you will still have some co-pays and some deductibles, but the biggest thing is to check to make sure that your doctors are in the network that you're looking on choosing, and all of my doctors were.

Stovall:

OK, which turned out well for you then.

Shanahan:

Yes, it did. I was very happy.

Stovall:

Gale, let me ask you. I know your mother is in a different situation than Ann was when she was trying to pick a plan. She has a retiree plan that she likes, but she has a decision to make, a very important decision here. Tell us a little about the alternatives that she's weighing right now.

Rutherford:

Well, it's always a good opportunity to look in and see what is being offered, and for the first time, she does have a choice to make. She does currently have a plan from a retirement, and one thing that's happening is the premiums keep going up. And since Medicare "D" came out, it's time to look into it and see whether or not it would be better for her to make a change.

Now, with my mom, she has a special situation there, because she's very low-income, and she qualified to get the extra help. So she already knows she qualifies for this extra help from Social Security, and for her, what that means is they'll help her pay the premium for the Medicare "D." And as long as she picks a plan that doesn't go over the amount they'll pay, that would, you know, be covered. So when you're thinking, "Oh, I'm going to get "this kind of help." Maybe we really should look into getting this."

So, what we've been doing is going on line-- I'll do it because mom doesn't use a computer-- to the



Medicare.Gov site, and you can put all your medicines in there--actually the dosages and how many times a day you take it--and it'll show you which plans cover what, and it'll even tell you if you can use the pharmacy you're going to now.

Stovall:

Great. Ann, Gale, thank you very much and you're going to be back with us a little bit later in the program, so don't go away. OK.



Stovall:

Ever wonder what the people who work for Medicare do to help their loved ones join a Medicare drug plan? Well, today we begin a series where the men and women who work at CMS share their experiences with their families as "The Conversation Continues."

Judith Koelbl:

My mom Shirley was lucky. Her doctor kept her healthy with free samples of the drug she takes. She hasn't paid much for prescriptions in years. Last year, her doctor stopped giving her the samples, and she started paying hundreds of dollars a month.

I knew we needed to check out the new prescription drug plans right away. Like some of her friends, she had been convinced that the new prescription drug program was impossible to figure out, but I knew that once mom got started, she would find there was lots of help available. So in November, my sister-in-law and I formed a "mission possible" team to help mom find a plan that would help her.

Here are some of the things we did--when we were at our pharmacy, we got all the brochures and pamphlets they had. Because some of the plans mom was considering were Medicare Advantage plans, we called her doctor to find out which plans he participated in. All of them, it turned out. We also found out that if mom wanted to use mail-order, he would be glad to write new prescriptions for 90 days' worth of all her medications.



Most importantly, mom started to think about what she wanted in a drug plan and share her priorities with me and my sister-in-law. We got together all the information about her Medicare and the medication she takes, and we went to Medicare.Gov. Before long, we had printed out a comparison of 3 plans.

We saw that with a plan, she would pay only half as much as she would without coverage. This weekend, when she picked her plan, we helped her enroll on-line, and her coverage starts next month. Mom is happy this is now taken care of, and more importantly, she's protected, no matter what the future may bring. I'm happy, too. I love my mom very much, and I feel I was able to do something that will help her.



Stovall:

We are back now with Ann Shanahan and Gale Rutherford, SHIP volunteers who have a personal interest in prescription drug coverage.

I have a question here for both of you ladies. You've spoken to dozens; I would imagine hundreds if not thousands of people, about Medicare. Where are they getting their information from primarily? Is there a source where they can go to get the most information that they're going to need to make an informed choice?



Shanahan:

There are many, many areas available. Many times, the local senior centers are having seminars. There have been a number of things in the paper, and a lot of times, unfortunately, they're talking to each other too much.



Stovall: OK.

Shanahan:

They need to look at the official website. SHIP is available. Medicare is available at 1-800-MEDICARE. And, of course, the Medicare.Gov website is extremely helpful.



Stovall:

But how about prevalent myths and rumors that people bring into SHIP, and how do you convince them that what they have been hearing is not so?

Rutherford:

This year, I haven't been on the phone as much, but I think the questions are getting more specific now. People are getting their information together.

Shanahan:

The biggest thing I find in trying to convince people is that they can do it. There are an awful lot of older people who feel very overcome by the fact that a computer is the best thing, or in many cases with older women, they're not used to making these decisions, and they found themselves widows, and they're trying to do it. So I spend a lot of time being a cheerleader and convincing people, "You can do this."

Rutherford:

And it's just like any other kind of major purchase that you're making--you want to be wise. You're living on fixed incomes. You want to get the most for your money.

And one other thing, Stan, I did want to mention that we don't want to give people the impression that Medicare "D" means computer. You do not have to have a computer to get in Medicare part "D."

Stovall: OK.

Rutherford:

You don't have to have a family member that has a computer. You can pick up the phone and call 1-800-MEDICARE. Just be prepared when you call with that list that we've been reinforcing over and over of what your medicines are, and the people on that line will be happy to input all those medicines in the computer for you over the phone.



So if you have a phone and you can pick up the phone and dial 1-800-MEDICARE, give them a list of your medicines, tell them what pharmacy you want to go to, if you want to stay with your same pharmacy, and they'll run the program for you.

Shanahan:

The system will show you which plans cover it, what the monthly cost will be. They figure your co-pays.

Stovall:

You said a lot of your work is being a cheerleader. Given the fact that many seniors either don't have access to a computer or they're afraid of using the computer, your cheerleading duties are: "You know what, even though you don't work a lot with the computer, you can do this. You need to do it. You can do it." Right?

Shanahan:

Well, and there are many cases where the son or daughter has a computer at home. The most wonderful resource is a grandchild. Not all of us are lucky enough to have our grandchildren here, but they're very good with it. There are places at senior centers where someone will sit down with a computer with you, if you have an appointment, and go over it. So you can do it. It's just getting over the idea that, "This is too complicated for me."

Stovall:

Now, we are taping this program in January, and I know the initial enrollment period will end May 15th. So, what do you tell someone who hasn't started yet?

Shanahan:

Start getting a list of drugs, your drugs. In most cases, if you deal with one pharmacy, you can go to them. They can give you a computer printout.



Rutherford:

All that stuff takes time. You don't want to wait until, you know, the deadline to try to get through to 1-800-MEDICARE and then say, "Well, I couldn't get through." You have the time now. Try to get through now, so that you'll make the decision before that deadline.

Stovall:

What do you tell people who think that they are healthy, they have no drugs they take on a regular basis, and they say, "Well, why would I want to sign up for drug coverage?"

Shanahan:

You never know what tomorrow's going to bring. And this will bring you peace of mind, in knowing that you have coverage. You may have to pay a penalty if you don't sign up in the beginning. So you really do need to sign up.

Rutherford:



I would agree. It's just like any kind of insurance that you're buying. You're buying it hoping that you never have to use it, but if you do, you're happy that it's there.

Stovall: Exactly. Very good point.

Ann and Gale, we want to thank you again for joining us today and sharing so much information that's going to be so helpful to our viewers.

And once again, just a reminder, that 1-800-MEDICARE number is available 7 days a week, 24 hours a day. It's staffed by experts who are there to answer any questions you might have.



Music	Did You Know? <ul style="list-style-type: none">- Currently, over 24 million people with Medicare can now receive their prescription drugs from Medicare Part D.- Enrolling is as simple as calling 1-800-Medicare. Enroll before May 15, 2006 to avoid a late enrollment penalty.
<p>David Nolley: Juanita, my mother-in-law, already had drug coverage and last October, she got a letter from her benefits administrator telling her that her coverage was on average at least as good as the standard Medicare drug benefit. But whatever the letter said, my wife and I knew she wasn't completely happy with her drug coverage. She has to take 2 medicines that do not have generic equivalents, and under her plan, these were costing her \$65 a month.</p> <p>My wife and I sat down with her mom after dinner one night and talked about what prescription drugs she takes and what they cost. At first, she said she was happy with her current insurance, but then she started talking about how hard it was to pay the \$65 a month for those 2 medicines.</p> <p>Now, mom hates computers. So I offered to take her red, white, and blue Medicare card and all of her prescription bottles, and go to Medicare.Gov to see if any of the Medicare plans offered in Maryland could save her money.</p>	 <p>David Nolley CMS Employee since 2004</p> 

When the website asked me about mom's income, I saw that she could qualify for the extra help. I printed everything out and showed everything to mom, and she decided that she was interested. I helped her apply for the extra help online at SSA.Gov that night.

In December, she got approved for the extra help, and it did make a difference. Because she qualified for the extra help, she pays no premiums, zero deductible, and avoids the coverage gap. We were able to sign her up in time for her Medicare coverage to begin January 1st. In fact, she's already picked up her first prescriptions, and she says it was pretty easy.

And those 2 medicines that used to cost her \$65, now she gets them both for 2 \$3.00 co-payments. As a family, we have the peace of mind of knowing that whatever the future may bring, mom will have drug coverage to prevent health risks from turning into health problems. And the best part is, my mother-in-law is finally convinced that her daughter didn't marry no dummy.

Stovall:

Dr. Mark McClellan is the Administrator of the Centers for Medicare and Medicaid Services, and he joins us via satellite. Dr. McClellan, I know you have the latest enrollment numbers. So how's it going?

Dr. Mark McClellan

Every day, we're seeing tens of thousands more people signing up for the drug coverage, and that adds up to millions of people who did not have drug coverage before or had coverage that had limits or ran out, now getting much more comprehensive protection against high drug costs and getting the peace of mind that comes with that.

We're seeing steady growth in enrollment every day. We saw close to 4 million people come into the Medicare drug benefit just between December and January, and that growth in enrollment is continuing.



Lots of people are finding out more about it and are finding out how they can sign up and take advantage of the coverage.

Stovall:

Now, if anyone is confused about signing up, what would you recommend?

McClellan:

Well, if you're interested in the Medicare program, it's important to know that there are lots of places to go for personalized help to find out about what the Medicare drug coverage means for you. You don't need to learn everything about the drug benefit. It's helping a lot of different people in a lot of different ways.

If you want to get more information, you can call us at 1-800-MEDICARE any time, 24/7. People can also get information online, if they like to go on the Internet, at Medicare.Gov. Or if they've got a family member or a friend who can help them get online.

And there are events taking place all around the country where you can get information face to face from a trained counselor about what the Medicare program means for you. There are a lot of people in the community who can help answer your questions so we can help connect you with these different sources of help.

Stovall:

OK, after someone enrolls, what happens then?

McClellan:

After you enroll in the drug coverage, you'll typically get a letter in the mail after a week or so that will give you some important information about your coverage. You should hang onto that, and then several weeks after that, you'll get a card with your important coverage information on it that your pharmacist can use to make sure you get your prescriptions smoothly.



To have that in hand by the time you start using your coverage, it's best to sign up early in the month to get coverage for the next month. So if you sign up few months before the coverage becomes effective at the first of the month, you're much more likely to have all that information available to you and have that information available to your pharmacist to help you fill your prescription as quickly as possible.

Stovall:

So you advise people to sign up early in the month.

McClellan:

Yes. Signing up early in the month means that your pharmacist is going to have your information ready when you go to pick up your prescription. That means the first time that you use your drug benefit can go more quickly than if you enroll late in the month and all that information hasn't caught up with your pharmacy yet.

Stovall:

So, Dr. McClellan, what if someone has a problem when they go to the pharmacy?

McClellan:

I'm a physician, and speaking as a physician, it's very important for everyone to take the medicines that their doctor prescribes. Sometimes the first time people are using their Medicare coverage, they can have some difficulty.

It's important to know that there are lots of support systems and backup systems in place to help your pharmacist get you the prescription drugs that you need. If you are having difficulty, know that you can call 1-800-MEDICARE anytime, 24/7, or your pharmacist can call our toll-free pharmacists help line.

If we need to, we'll put you in touch with a caseworker, someone who can help you get the medicines that you need to make the coverage work for you.



<p>What we're seeing is that after people have used their drug coverage for the first time and they get connected with their plan and their pharmacist gets used to using the new system, people are getting their prescriptions filled very smoothly. But we want to make sure that everyone, even that first time, gets the help they need to fill their prescriptions.</p> <p>Stovall: Thank you, Dr. McClellan.</p>	
<p>Music</p>	<p>Did You Know? - In every state but Alaska, people with Medicare can join at least one Medicare Prescription Drug Plan with a premium of less than a \$20 a month.</p>
<p>Stovall: We hope you'll join us for our next issue. And if you would like a second look at anything you've seen today, or if you're interested in downloading a transcript of our broadcast, please visit www.cms.hhs.gov/cable or follow the "Medicare Covers America" link on Medicare.Gov.</p> <p>Please check with your local cable company to get the next time and date to watch us next in your area. Until next time, on behalf of all of us at your Centers for Medicare and Medicaid services, I'm Stan Stovall. Thanks for watching.</p> <p>Huan: The Medicare prescription drug plan is a good deal, and you should take advantage of it.</p>	